

MEMORANDUM

Agenda Item No. 3(A)(6)


TO: Honorable Chairman Jean Monestime
and Members, Board of County Commissioners

DATE: June 21, 2016

FROM: Abigail Price-Williams
County Attorney

SUBJECT: Resolution retroactively
authorizing in-kind services from
the Parks, Recreation and Open
Spaces Department for the
November 8, 2015 "Grand
Opening Celebration" sponsored
by the Upper Room Assembly in
an amount not to exceed \$790.00
to be funded from the balance of
the District 9 FY 2015-16 In-
Kind Reserve Fund

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Dennis C. Moss.



Abigail Price-Williams
County Attorney



APW/cp



MEMORANDUM

(Revised)

TO: Honorable Chairman Jean Monestime
and Members, Board of County Commissioners

DATE: June 21, 2016

FROM: Abigail Price-Williams
County Attorney

SUBJECT: Agenda Item No. 3(A)(6)

Please note any items checked.

- ☐ "3-Day Rule" for committees applicable if raised
- ☐ 6 weeks required between first reading and public hearing
- ☐ 4 weeks notification to municipal officials required prior to public hearing
- ☐ Decreases revenues or increases expenditures without balancing budget
- ☐ Budget required
- ☐ Statement of fiscal impact required
- ☐ Statement of social equity required
- ☐ Ordinance creating a new board requires detailed County Mayor's report for public hearing
- ☒ No committee review
- ☐ Applicable legislation requires more than a majority vote (i.e., 2/3's ____, 3/5's ____, unanimous ____) to approve
- ☒ Current information regarding funding source, index code and available balance, and available capacity (if debt is contemplated) required

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 3(A)(6)
6-21-16

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE NOVEMBER 8, 2015 "GRAND OPENING CELEBRATION" SPONSORED BY THE UPPER ROOM ASSEMBLY IN AN AMOUNT NOT TO EXCEED \$790.00 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 9 FY 2015-16 IN-KIND RESERVE FUND

WHEREAS, the Upper Room Assembly has requested in-kind services from the Parks, Recreation and Open Spaces Department for the November 8, 2015 "Grand Opening Celebration" event in an amount not to exceed \$790.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the "Grand Opening Celebration" is a family-friendly community oriented event to celebrate the grand opening of a new two-story community center; and

WHEREAS, the Upper Room Assembly is a not-for-profit organization; and

WHEREAS, the "Grand Opening Celebration" event is a small event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and \$790.00 of the in-kind services shall be funded from the balance of the District 9 FY 2015-16 In-Kind Reserve funds,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board retroactively authorizes in-kind services from the Parks, Recreation and Open Spaces Department for the November 8, 2015 "Grand Opening Celebration" sponsored by the Upper Room Assembly, in an amount not to exceed \$790.00 to be funded from the balance of the District 9 FY 2015-16 In-Kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Dennis C. Moss. It was offered by Commissioner _____, who moved its adoption. The motion was seconded by Commissioner _____ and upon being put to a vote, the vote was as follows:

Jean Monestime, Chairman	
Esteban L. Bovo, Jr., Vice Chairman	
Bruno A. Barreiro	Daniella Levine Cava
Jose "Pepe" Diaz	Audrey M. Edmonson
Sally A. Heyman	Barbara J. Jordan
Dennis C. Moss	Rebeca Sosa
Sen. Javier D. Souto	Xavier L. Suarez
Juan C. Zapata	

The Chairperson thereupon declared the resolution duly passed and adopted this 21st day of June, 2016. This resolution shall become effective upon the earlier of (1) 10 days after the date of its adoption unless vetoed by the County Mayor, and if vetoed, shall become effective only upon an override by this Board, or (2) approval by the County Mayor of this Resolution and the filing of this approval with the Clerk of the Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: _____
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.

Gks

Gerald K. Sanchez

MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION
FY 2006-07

COUNTY FEE WAIVERS OR IN-KIND SERVICES REQUESTED THROUGH THIS PROCESS ARE NOT EFFECTIVE UNTIL APPROVED BY ACTION OF THE BOARD OF COUNTY COMMISSIONERS PURSUANT TO THE MIAMI-DADE COUNTY HOME RULE CHARTER

Please complete the following form and submit completed form along with requested materials, if applicable, to:

Office of Strategic Business Management
111 N.W. 1st Street, Suite 2200
Miami, FL 33128

Phone: (305) 375-5143
Fax: (305) 375-5168

Type of Event/Application (select one of the following):

- ☐ District Event - Event of minimal impact related to specific commission district (Complete questions 1-7, sign and date; copy will be submitted to the appropriate District Commissioner within two days of receipt of application.)
- ☒ Small Event - Event of minimal impact not necessarily related to a specific commission district. (Complete questions 1-7, sign and date.)
- ☐ Special Event - Event with expected attendance of less than 5,000 with localized impact limited to an individual community or municipality (Complete questions 1-12, sign, date and submit form no later than 60 days prior to event date.)
- ☐ Major Event - Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vandalism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date.)

Note: Event budget must be included for "Special" and "Major" event types.

Commissioner sponsoring event

Commissioner Dennis Moss

1. Full legal name of the requesting organization: Upper Room Assembly

2. Applicant Status: (Select one of the choices below)

- ☒ Not-For-Profit or Tax Exempt
☐ For-Profit
☐ Local Government or Public Entity
☐ Other (specify): _____

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.):

19701 SW 127 Ave Phone: 305-256-9804 305-251-0876 (Office)
Miami, FL 33177 E-MAIL: [redacted]@upperroomassembly.com 786-546-0110 (Linda)
Pastor Ed 786-223-6194 (Pastor Ed)

4. Specify fee waiver or in-kind service requested (quantify, if applicable):

Fee Waiver Request

MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION
Page 2

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):

'Grand Opening Celebration' (New 2-story Community Center)
Sunday, Nov 8th 11am - 4pm

6. Please select ALL that apply to event:

- ☒ Economic Development: Event supports vitality or growth of the local economy
☐ Youth/Education: Event benefits youth of any age and/or offers educational benefits
☒ Health and Social Services: Event supports health-related causes and/or social programs or institutions that improve quality of life within the community
☐ Arts and Culture: Event supports music, theatre, literature, art or culture
☐ Environmental: Event benefits environmental concerns or promotes conservation
☐ Sports and Athletics: Event supports/promotes organized sports or recreational participation

7. Physical address of event venues (please specify Commission District(s)):

19701 SW 127 Avenue
Miami, FL 33177

8. Description of regional or local impact:

South Dade
This will be a community affair.
The Neighborhood invited.
Christian Radio Station to promote event.

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar if applicable):

If possible: ^{stage delivered} Stage set-up Friday, Nov. 6th (8am - Noon)
event: all day Sunday Nov 8th
Take down & pick-up of stage: Monday, Nov 9th

MIAMI-DADE COUNTY
FEE WAIVER/AN-KIND SERVICES APPLICATION
Page 3

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable):

Stage to be set up in a parking lot area on Church
Campus near to the two-story Dome building

11. Expected number of participants and estimated attendance (per day, if applicable): 350 people

12. Itemized budget including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed):

Rentals 2-Tents = \$1,000.00, Tables & Chairs = \$225.00, Warmers = \$200.00

Catering = \$150.00, Drinks = \$150.00, Bonus House = \$200.00, Sound = \$300.00

Total: approx. \$2,000.00

I hereby certify that all the statements made in this application are true and correct.

Pastor Edward Paine
Signature of Authorized Representative

10-26-15
Date

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Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

**Request for Taxpayer
Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Upper Room Assembly

2 Business name/disregarded entity name, if different from above
Upper Room Assembly

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
☐ Individual sole proprietor or single-member LLC
☒ C Corporation
☐ S Corporation
☐ Partnership
☐ Limited liability company. Enter the tax classification (C=S corporation, S=S corporation, P=partnership)
 Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any)
 Exemption from FATCA reporting code (if any)
 (Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
19701 SW 127 Ave

6 City, state, and ZIP code
Apalachee FL 33177

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note: If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

			-				
--	--	--	---	--	--	--	--

 OR
 Employer identification number

59	-	18	89	84	7
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here
 Signature of U.S. person Pat Williams
 Date 10/27/15

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
 Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/hot.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1088 (home mortgage interest), 1088-E (student loan interest), 1088-T (taxes)
- Form 1089-C (cancellation of debt)
- Form 1089-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

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October 26, 2015

FINANCIAL STATEMENT

(for Fee Waiver of county stage 16 x 24 use)

EVENT:

Grand Opening / Ribbon Cutting Ceremony

South Dade Community Center / Hurricane Shelter

Faith Dome

Sunday, November 8, 2015 11am - 4pm

Rentals:

2 - 20 x 60 tents.....\$40.00
water tanks (12)..... 60.00

Outdoor folding chairs (300).....210.00

Round tables 60" (30).....180.00

Round tables 48" (20).....120.00

Food warmers (2).....200.00

Cutlery.....150.00

Drinks and Ice.....150.00

Bounce House.....200.00 (if there is funds)

Sound Equipment..... 300.00

Approx. Total: \$2,525.00

Sprucing up campus grounds:

Mulch.....505.00

Surface Cleaner.....160.65

Approx. Total: \$665.65

\$3,190.65 =



**SHOWMOBILES, STAGES, BLEACHERS,
AND SOUND PRODUCTION**
(305) 226-8315 Ext. 221/(305) 553-8511 (Fax)

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: Upper Room Assembly of God

EQUIPMENT REQUESTED: Stage 24' x 40'

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Commissioner Dennis Moss
Commission District #9

OR INDEX CODE (MIAMI-DADE AGENCIES ONLY): _____

BILLING ADDRESS/ZIP CODE: 111 NW 1 Street Suite 302

NAME/TITLE OF THE EVENT: Grand Opening Celebration

ADDRESS OF EVENT: 19701 SW 127 Ave Miami, FL 33177

TODAY'S DATE: 11/05/15

DATE (S) & TIME OF EVENT: 11/08/15

SET-UP TIME & DAY: 11AM 11/07/15

TAKE-DOWN TIME & DAY: 9PM 11/08/15

CONTACT PERSON/PHONE: Pastor Ed 786-223-6194

AT SITE CONTACT/CELL PHONE#: _____

SPECIAL INSTRUCTIONS: Direction item(s) are to be placed, maps, diagrams, etc.
Please contact organization for special instructions

OTHER INFORMATION: Include additional equipment if needed.

We, the users, understand that we assume full responsibility for any damage, theft, or loss to said equipment and its accessories between the time the Miami-Dade Park and Recreation Department completes setting up and the time it takes down. We, the users, also agree to adhere to the requests set forth in the rental policy. We do have a copy of the rental policy and fully understand the requirements set forth in renting the equipment requested as out-lined in the rental policy. We also understand that the total fee is to be remitted (15) fifteen working days before the event.

*Fee: \$790.00 In-kind District #9

*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Signature: _____

Commissioner Dennis Moss
Agency/Group: Commission District #9

**CANCELLATIONS MUST BE MADE 72 HOURS IN ADVANCE OF THE
EVENT BY FAX OR EMAIL OTHERWISE EXPECT TO BE CHARGED**

**½ (HALF) OF RENTAL FEE. *There will be no completed reservation on the schedule unless the
confirmation form is filled out completely and signed.**

Late equipment arrivals, please call (786) 236-7926

Memorandum



Date: June 21, 2016

To: Honorable Chairman Jean Monestime
and Members, Board of County Commissioners

From: Carlos A. Gimenez
Mayor

A handwritten signature in black ink, appearing to be "Carlos A. Gimenez", written over a horizontal line.

Subject: District Specific In-Kind Request

A retroactive waiver for in-kind services has been requested by the Upper Room Assembly for its "Grand Opening Celebration" event held on November 8, 2015.

In-kind services have been requested in an amount not to exceed \$790.00 from the Parks, Recreation and Open Spaces Department for the use of a 24' x 40' stage. This event will be funded from the balance of District 9 FY 2015-16 In-Kind Reserve Funds.

A handwritten signature in black ink, appearing to be "Edward Marquez", written over a horizontal line.

Edward Marquez
Deputy Mayor

Inkind01565